

# South Eastern Melbourne - Core Funding

## 2019/20 - 2023/24

### Activity Summary View



## CF-COVID-VVP - 1 - COVID-19 Vaccination to Vulnerable Communities



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF-COVID-VVP

#### Activity Number \*

1

#### Activity Title \*

COVID-19 Vaccination to Vulnerable Communities

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Other (please provide details)

#### Other Program Key Priority Area Description

COVID Pandemic

#### Aim of Activity \*

To facilitate delivery of COVID-19 vaccine to vulnerable communities including:

- people experiencing homelessness
- people with a disability or are frail and cannot leave home
- culturally, ethnically and linguistically diverse people
- people who are not eligible for Medicare and/or live in an area without access to a vaccination clinic
- aged care and disability workers
- people in rural and remote areas with limited healthcare options

#### Description of Activity \*

Three suitably qualified General Practices have been commissioned to deliver COVID-19 vaccine to the targeted groups across the SEMPHN area.

Identifying the locations of the vulnerable communities and delivering them in ways that best meet their needs has been driven by strategic relationships with organisations such as:

- Aboriginal and Torres Strait Islander People (the Gathering Places)
- refugee bodies (South Eastern Migrant and Refugee Centre)
- people with a disability (disability liaison officers in health service providers).

Awareness of the referral service has been achieved by providing information to General Practices across the SEMPHN catchment area, local councils, health and disability support services. A broad range of SEMPHN developed communications are also in place to assist with referrals: on our website, newsletters and SEMPHN Provider Support Officers who interact regularly with General Practices.

Innovative vaccination models such as renting town halls, and using community hubs, mobile vans and pop up tents are used to deliver vaccinations. SEMPHN works closely with the Monash South Eastern Public Health Unit to identify additional community and other events for the commissioned General Practices to attend. These approaches were well received and successful with delivering vaccines to the target groups.

Usage of the service was carefully monitored with referral sources gradually expanded to include community health organisations and Ambulance Victoria.

SEMPHN also responds to requests from the community and outbreaks to ensure vulnerable communities are vaccinated. Examples include vaccinating Afghan refugees at a Dandenong mosque in response to a COVID-19 outbreak.

**Needs Assessment Priorities \***

**Needs Assessment**

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

**Priorities**

Priority	Page reference
Support the local health system with impacts of COVID-19 pandemic (PH)	156
Improve participation in infectious disease screening and prevention, such as latent tuberculosis (PH)	156



**Activity Demographics**

**Target Population Cohort**

Vulnerable communities including:

- people experiencing homelessness
- people with a disability or are frail and cannot leave home
- culturally, ethnically and linguistically diverse people
- people who are not eligible for Medicare and/or live in an area without access to a vaccination clinic
- aged care and disability workers
- people in rural and remote areas with limited healthcare options
- people living with Mental Health disorders
- disenfranchised youth

**In Scope AOD Treatment Type \*****Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

Yes

**Activity Consultation and Collaboration****Consultation**

Consultation with local Disability Liaison Officers and Local Health Networks. The Gathering Places, Monash South Eastern Public Health Unit, South Eastern Migrant and Refugee Centre.

**Collaboration**

Local Disability Liaison Officers, Aged Care Providers, General Practice, Vaccine Providers.

**Activity Milestone Details/Duration****Activity Start Date**

29/06/2021

**Activity End Date**

30/12/2023

**Service Delivery Start Date**

1 July 2021

**Service Delivery End Date**

31 December 2023

**Other Relevant Milestones****Activity Commissioning**

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** Yes

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**



## CF-COVID-LWC - 1 - CF-COVID-LWC1- COVID-19 Positive Community Care Pathways



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF-COVID-LWC

#### Activity Number \*

1

#### Activity Title \*

CF-COVID-LWC1- COVID-19 Positive Community Care Pathways

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Population Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

To support and strengthen the health system to manage the anticipated increase in COVID-19 cases. To support effective and efficient community care management of COVID-19 patients outside of hospital and provide confidence and assurance to the community and Health professionals in the SEMPHN region.

#### Description of Activity \*

Provision of clear treatment and escalation pathways through the local health system to support both primary care and hospitals so that they are not overwhelmed or treating patients in clinically inappropriate settings; promote consistency with the overall national scheme for COVID-positive community care pathways with the Local Hospital Networks; Respond to the needs of at risk populations; support efficient testing arrangements including access to after hours assessment and care; promote clarification between formal 'Hospital in the Home' programs and GP led care in the community.

#### Needs Assessment Priorities \*

#### Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

## Priorities

Priority	Page reference
Support the local health system with impacts of COVID-19 pandemic (PH)	156
Support the ongoing chronic disease unintended consequences of COVID-19 (long COVID) (PH)	156



## Activity Demographics

### Target Population Cohort

People with a positive COVID-19 diagnosis.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

SEMPHN COVID-19 Positive Pathway was developed closely with local hospital networks and local community health services, with a GP reference group.

### Collaboration

Collaboration with local hospital networks and local community health services, with a GP reference group. Health Services partnership and COVID Taskforce participation.



## Activity Milestone Details/Duration

### Activity Start Date

09/01/2022

**Activity End Date**

29/06/2023

**Service Delivery Start Date**

1 January 2022

**Service Delivery End Date**

30 June 2023

**Other Relevant Milestones**



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning**

No

Decommissioning details?

**Co-design or co-commissioning comments**

Local hospital networks and local community health services, with a GP reference group.







## CF-COVID-LWC - 2 - CF-COVID-LWC2 - Support for Primary Care from the National Medical Stockpile



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF-COVID-LWC

#### Activity Number \*

2

#### Activity Title \*

CF-COVID-LWC2 - Support for Primary Care from the National Medical Stockpile

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Population Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

To support the management of COVID positive cases in the community through access, compliance arrangements and distribution of Personal Protective Equipment (PPE) and pulse oximeters from the National Medical Stockpile to individual primary care practices including: general practices; GP Respiratory Clinics and Aboriginal Community Controlled Health Services (ACCHs).

#### Description of Activity \*

SEMPHN developed and implemented processes to facilitate access to PPE bundles for primary care providers willing to see positive patients face to face, and to respond to additional requests for PPE.

#### Needs Assessment Priorities \*

#### Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

#### Priorities

Priority	Page reference
Support the local health system with impacts of COVID-19 pandemic (PH)	156
Support the ongoing chronic disease unintended consequences of COVID-19 (long COVID) (PH)	156



## Activity Demographics

### Target Population Cohort

Primary Care providers willing to see COVID positive clients face to face.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Directed from DOH.

### Collaboration



## Activity Milestone Details/Duration

### Activity Start Date

29/06/2021

### Activity End Date

29/06/2023

**Service Delivery Start Date**

1 July 2021

**Service Delivery End Date**

30 June 2023

**Other Relevant Milestones**



**Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning**

No

Decommissioning details?

Co-design or co-commissioning comments



## CF-COVID-LWC - 3 - CF-COVID-LWC3 - Commissioning Home Visits - Staffing



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF-COVID-LWC

#### Activity Number \*

3

#### Activity Title \*

CF-COVID-LWC3 - Commissioning Home Visits - Staffing

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Population Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

SEMHN will engage clinical service providers (e.g. medical deputising services, nurse practitioners and practice nurses) to undertake home visits to provide care to COVID-19 positive patients, where their GP does not have capacity, where a person does not have a managing GP, or during the after hours period where the regular GP is not available. It is vital that this service integrates with a person's regular care team. Referrals will be made by the person's managing GP, Residential Inreach Response and GPRCs as per arrangements agreed with the PHN, and the service provider will connect the person back to their managing GP.

#### Description of Activity \*

This work plan covers the PHN staff that will be required to achieve the aims of the Commissioned Home Visit program.

#### Needs Assessment Priorities \*

##### Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

##### Priorities

Priority	Page reference
Support the local health system with impacts of COVID-19 pandemic (PH)	156
Support the ongoing chronic disease unintended consequences of COVID-19 (long COVID) (PH)	156



## Activity Demographics

### Target Population Cohort

People with a positive COVID-19 diagnosis being cared for in the community.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Local hospital networks; local Residential Aged Care Facilities; General Practice.

### Collaboration

East Melbourne PHN; North-West Melbourne PHN.



## Activity Milestone Details/Duration

### Activity Start Date

09/01/2022

### Activity End Date

29/06/2023

**Service Delivery Start Date**

10 January 2023

**Service Delivery End Date**

30 June 2023

**Other Relevant Milestones**



**Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning**

No

Decommissioning details?

Co-design or co-commissioning comments



## CF-COVID-LWC - 4 - CF-COVID-LWC4 - Commissioning Home Visits - Commissioning



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF-COVID-LWC

#### Activity Number \*

4

#### Activity Title \*

CF-COVID-LWC4 - Commissioning Home Visits - Commissioning

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Population Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

To provide clinical services to home bound COVID-19 positive patients where their general practitioner does not have capacity, where a person does not have a managing general practitioner, or during the after hours period where the regular general practitioner is not available. This service must integrate with a person's regular care team. Referrals are made by the person's managing general practitioner, Residential Inreach Response and General Practice Respiratory Clinics per arrangements agreed with the South Eastern Melbourne Primary Health Network, and the service provider will connect the person back to their managing general practitioner.

#### Description of Activity \*

SEMPHN rapidly engaged providers to provide a level of service that aligns with general practices caring for COVID-positive people in the community.

To support this service, the South Eastern Melbourne Primary Health Network has put the following in place:

- clear referral pathways for General Practices to seek home visits
- communication and clinical governance protocols
- clear escalation pathways for COVID-positive people when a home visit establishes escalation to hospital or hospital in the home is required

- home visit protocols to manage staff risk and safety

Strong compliance processes are in place to ensure appropriate use and access; and to collect data from the commissioned home visit service providers and provide reports to Department of Health in compliance with the Deed.

## Needs Assessment Priorities \*

### Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

#### Priorities

Priority	Page reference
Support the local health system with impacts of COVID-19 pandemic (PH)	156
Support the ongoing chronic disease unintended consequences of COVID-19 (long COVID) (PH)	156



## Activity Demographics

### Target Population Cohort

People with a positive COVID-19 diagnosis being cared for in the community.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

With local hospital networks, local Residential Aged Care Facilities, local GP practices.

### Collaboration





## Activity Milestone Details/Duration

### Activity Start Date

08/01/2022

### Activity End Date

29/06/2023

### Service Delivery Start Date

10 January 2022

### Service Delivery End Date

30 June 2023

### Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

### Is this activity being co-designed?

Yes

### Is this activity the result of a previous co-design process?

No

### Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

### Has this activity previously been co-commissioned or joint-commissioned?

No

### Decommissioning

No

### Decommissioning details?

### Co-design or co-commissioning comments

Co-designed with local hospital networks and RACF.

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## CF - 1 - CF1 - Improving Cancer Screening in the Community



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

1

**Activity Title \***

CF1 - Improving Cancer Screening in the Community

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Population Health

**Other Program Key Priority Area Description****Aim of Activity \***

To increase cancer screening rates in the SEMPHN catchment.

**Description of Activity \***

Breast Cancer Screening:

SEMPHN has commissioned BreastScreen Victoria (BSV) to work within the SEMPHN catchment, to increase breast screening rates. Activities include providing mobile breast screening services to under screened women in defined target groups at various locations and working within communities and workplaces to increase awareness of mobile screening opportunities.

BSV also use the BreastScreen database to identify eligible women in defined target groups who have disengaged from the BreastScreen program. Interpreters and bilingual workers are used to engage with specific CALD population groups, to re-engage with eligible women in those communities to increase the rate of breast screening in this population. Over the duration of the contract, BSV has developed and distributed a range of in-language communications to specific CALD population groups.

The current contracted activity with BSV will finish on 30/1/2024 and further enhancement activities in Breast Screening will be explored with BSV to expand across other areas of the catchment.

#### First Nations People Cancer Screening:

To address a priority in the SEMP HN Needs Assessment, SEMP HN is delivering activities to increase First Nations People cancer screening participation rates in the three national cancer screening programs; Breast, Bowel and Cervical cancers. The approach adopted was direct negotiation with the current ITC providers to leverage synergies between the ITC and cancer screening programs, and to continue delivering culturally appropriate activities that involve co-design with Aboriginal and Torres Strait Islander people and providers. This approach best meets the Closing the Gap priorities of building the community-controlled sector and formal partnerships and shared decision making.

#### Bowel Cancer Screening:

The SEMP HN Needs Assessment identified a lower bowel screening rate than the state average as an area of focus in the SEMP HN region. SEMP HN is developing specifications for commissioning organisation(s) to deliver screenings that would increase Bowel Cancer Screening participation rates across the SEMP HN region to commence early in the 2023/2024 financial year.

### Needs Assessment Priorities \*

#### Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

#### Priorities

Priority	Page reference
Improve participation in national screening programs, particularly for First Nations communities and the culturally and linguistically diverse (PH)	155



### Activity Demographics

#### Target Population Cohort

The target population cohort is those in the identified age ranges for bowel, cervical and breast cancer screening.

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

Yes

#### Indigenous Specific Comments

One of the commissioned activities will focus on cancer screening rates across breast, bowel and cervical cancer amongst First Nation Peoples.

#### Coverage

##### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

To improve cancer screening rates in under screened communities or areas, SEMPHN will engage with key local stakeholders including local councils, community health services, community groups, key providers and consumers.

SEMPHN has previously consulted and engaged with Cancer Council Victoria and BreastScreen Victoria to identify need, and targeted approaches including co-designed programs.

SEMPHN has previously coordinated an advisory group comprising local cancer screening leaders.

### Collaboration

Collaboration is being undertaken with BreastScreen Victoria and Cancer Council Victoria, multiple Local Government Areas involved in the commissioning of services, NBSCP, Melbourne University (GP Academic detailing) and CALD communities.



## Activity Milestone Details/Duration

### Activity Start Date

30/12/2018

### Activity End Date

27/06/2024

### Service Delivery Start Date

1 January 2019

### Service Delivery End Date

30 June 2024

### Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: Yes

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

There will be no decommissioning in this Activity Work Plan, however all our programs are subject to ongoing evaluation and review.

**Co-design or co-commissioning comments**

To improve cancer screening rates in under screened communities or areas, SEMPHN will engage with key local stakeholders including local councils, community health services, community groups, key providers and consumers.

SEMPHN has previously consulted and engaged with Cancer Council Victoria and BreastScreen Victoria to identify need, and targeted approaches including co-designed programs.

SEMPHN has previously coordinated an advisory group comprising local cancer screening leaders.



## CF - 3 - CF3 - Chronic Conditions



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

3

**Activity Title \***

CF3 - Chronic Conditions

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Population Health

**Other Program Key Priority Area Description****Aim of Activity \***

Reduce the Potentially Preventable Hospitalisation rates for patients with complex chronic conditions.

**Description of Activity \***

These activities will build upon previous capacity building and care coordination activities in the Primary Care setting, our commissioned Chronic Disease Service Mapping exercise, and the care coordination and activity substitution principles of the Health Care Homes program.

**Current Activities - Care Coordination 8:**

SEMPHN has commissioned General Practice providers to deliver care coordination activities using a combination of Chronic Disease and After Hours funding. General Practices have been commissioned to improve care coordination for patients with chronic conditions and/or those who identify as a Refugee. It is focused on ensuring all patients will have their after hours health care needs identified and planned (to meet After Hours funding requirements).

The latest Care Coordination activity follows the success of the CC6 and CC7 activities. CC8 replicates the same key program elements while expanding the Patient Centred Model of Care workflows and systems across the SEMPHN catchment. A revised tender process was developed to support smaller General Practices with up to five full-time equivalent General Practitioners that

wished to implement or expand care coordination at their practice. Experiences from CC6 and CC7 offer the view these practices provide a “high value for money” proposition for both SEMPHN and the practices commissioned. CC8 includes a specific After Hours component where funding from the After Hours Deed is combined with Care Coordination funding to provide a broader package of supports for people living with chronic disease (see AH2 – Essential After Hours Care for Vulnerable Individuals with Chronic Conditions).

SEMPHN continues consultation processes which includes a review of current, past and proposed known projects within SEMPHN and the Australia wide PHN Community of Practice for Refugee Health (which SEMPHN coordinates) to potentially leverage new activities.

#### Proposed Activity:

SEMPHN is exploring new models for supporting the wellbeing of people with or at risk of developing chronic and complex conditions. The new models will build on the experience and learnings from previous care coordination models. The activities will continue the focus on improving people’s health outcomes and/or wellbeing and reducing potentially preventable hospital admissions and presentations at Emergency Departments.

Possible activities may address factors including the social, lifestyle and clinical needs of people by linking them to appropriate services such as General Practice, community programs and other clinical and non-clinical services, as well as improved coordination and integration of care and services.

### Needs Assessment Priorities \*

#### Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

#### Priorities

Priority	Page reference
Identify opportunities to improve access to primary care for communities with high rates of potentially preventable hospitalisations (PPH) (PH)	154
Improve accessibility of services after-hours (PH)	154
Increase digital health capabilities of service providers in the region (DH)	168
Deliver low bulk billing in SEMPHN catchment, particularly in Greater Dandenong and Frankston LGAs (HW)	170
Support the ongoing chronic disease unintended consequences of COVID-19 (long COVID) (PH)	156



### Activity Demographics

#### Target Population Cohort

Patients in the catchment with complex chronic conditions/multi-morbidities, including refugees.

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*



No

#### Indigenous Specific Comments

#### Coverage

##### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Those consulted will include, but not be limited to:

- Community of Practice – Refugee Health members
- Primary Care Partnerships
- Local Government
- Resettlement agencies
- Asylum Seeker Resource Centre
- Mental Health service providers
- Victorian Refugee Health Network
- Monash Health Refugee Services
- National PHN groups involved in current work with refugee groups
- General Practice
- Local Health Networks
- Community health services
- Community representative groups

### Collaboration

Continue to collaborate with:

- State and Federal funded agencies to develop a coordinated approach to PPHs
- LHNs to identify and research and explore models of care through sector engagement
- General practices
- Community health services
- Corporate providers
- Health Insurers
- Other community services that provide social connection and health enhancing activities



## Activity Milestone Details/Duration

### Activity Start Date

30/05/2019

### Activity End Date

28/06/2024

**Service Delivery Start Date**

1 June 2019

**Service Delivery End Date**

30 June 2024

**Other Relevant Milestones****Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** Yes

**Expression Of Interest (EOI):** Yes

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

There will be no decommissioning in this Activity Work Plan, but all our programs are subject to ongoing evaluation and review.

**Co-design or co-commissioning comments**

Those consulted will include, but not be limited to:

- Community of Practice – Refugee Health members
- Primary Care Partnerships
- Local Government
- Resettlement agencies
- Asylum Seeker Resource Centre
- Mental Health service providers
- Victorian Refugee Health Network
- Monash Health Refugee Services
- National PHN groups involved in current work with refugee groups
- General Practice
- Local Health Networks

- Community health services
  - Community representative groups
-



## CF - 4 - CF4 – Simple Telehealth (Nellie) – Licence Fee



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

4

**Activity Title \***

CF4 – Simple Telehealth (Nellie) – Licence Fee

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Digital Health

**Other Program Key Priority Area Description****Aim of Activity \***

Improve the management of Chronic Conditions to reduce unnecessary hospitalisations.

**Description of Activity \***

Nellie is a persona that patients engage with through their mobile phone, allowing them to take an active role in their health and the care team to intervene, when necessary.

Using the Net Promoter Score (NPS), the service has a high approval level from patients, with some practices sitting on a score above 60 (NPS scores range from -100 to 100 (anything above zero is considered good).

Over its lifetime in SEMPHN, 2,320 patients have used Nellie for a wide range of conditions.

Clinical measurement is difficult, so ongoing use by clinicians is used to demonstrate acceptability and effectiveness. One clinical measurement could be measured easily (blood pressure Time In Target Range) and this demonstrated by improvement in >50% of patients, and helps General Practitioners to know when to escalate for those who don't improve.

Nellie will continue to be introduced and supported across general practices and community health facilities.

Needs Assessment Priorities \*

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Increase digital health capabilities of service providers in the region (DH)	168



Activity Demographics

Target Population Cohort

Patients in the catchment with Complex Chronic Conditions.

In Scope AOD Treatment Type \*

Indigenous Specific \*

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The methodology behind Nellie (Simple Telehealth) is fully dependent on being led by clinicians. Protocols are initiated only by clinicians (i.e. what they want) and developed in conjunction with their input (i.e. how they want it). The protocols can be informed by patient suggestions and, where appropriate, patients can write messages (either for themselves or for patients/cohorts like them).

Collaboration

Clinicians – initiating protocols and defining purpose and scope.  
Clinic administration staff – improving processes.  
Patients – defining purpose and writing messages.  
SEMPHN System Outcomes team – to support the Nellie team to measure outcomes.



## Activity Milestone Details/Duration

### Activity Start Date

29/06/2018

### Activity End Date

28/06/2024

### Service Delivery Start Date

30 June 2018

### Service Delivery End Date

29 June 2024

### Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

### Is this activity being co-designed?

Yes

### Is this activity the result of a previous co-design process?

No

### Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

### Has this activity previously been co-commissioned or joint-commissioned?

No

### Decommissioning

No

### Decommissioning details?

### Co-design or co-commissioning comments

Clinicians.





## CF - 5 - CF5 - Childhood Immunisation - Inreach



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF

#### Activity Number \*

5

#### Activity Title \*

CF5 - Childhood Immunisation - Inreach

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Population Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

Increase childhood vaccination rates to 95% for children aged 0-5 years within the SEMP HN catchment by providing an in reach immunization service for young children and families who live within the SEMP HN catchment who experience socioeconomic barriers to accessing vaccinations and as a result have incomplete vaccination status.

#### Description of Activity \*

SEMP HN has adapted the model of in-reach vaccinations used in the COVID-19 Vulnerable Vaccines program. That program included review of eligibility criteria; identifying pilot LGAs with lower immunisation rates; and identifying key GP practices to target. Eligible children will be identified using AIR data, and communications will be used to reach out to families offering choice with respect to vaccination mode of delivery.

#### Needs Assessment Priorities \*

#### Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

#### Priorities



Priority	Page reference
Support LGAs that have low rates of childhood immunisation (PH)	155



## Activity Demographics

### Target Population Cohort

Children aged 0-5 (and their families) that have incomplete childhood vaccination schedules.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

SEMPHN has consulted externally with the South Eastern Immunisation Network and internally with the COVID 19 Vulnerable Vaccines program.

### Collaboration



## Activity Milestone Details/Duration

### Activity Start Date

06/07/2022

### Activity End Date

30/12/2023

**Service Delivery Start Date**

7 July 2022

**Service Delivery End Date**

31 December 2023

**Other Relevant Milestones****Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

South Eastern Immunisation Network and internally with the COVID 19 Vulnerable Vaccines program.



## CF - 6 - CF6 - Heath Pathways



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF

#### Activity Number \*

6

#### Activity Title \*

CF6 - Heath Pathways

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Population Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

To support access to:

- clinical referral pathways information by primary care practitioners
- promote best practice care and enhance local clinician's awareness of referral options and services
- improve collaboration and integration across the health care and other systems.

#### Description of Activity \*

SEMPHN currently delivers clinical and referral pathway information using its website ("SEMPHN Pathways") rather than subscribing to a pathways product such as HealthPathways.

Our website provides clinical and referral pathway content which supports local health professionals to provide advice and referrals relevant to SEMPHN's and the catchment's needs. SEMPHN's Provider Support Officers work with General Practices to identify improvements and to increase the use of SEMPHN's pathways.

SEMPHN is currently exploring with Melbourne PHNs (North Western Melbourne Primary Health Network and Eastern Melbourne Primary Health Network) subscription to the HealthPathways product joining the Melbourne HealthPathways group. Funding change approval from the Department of Health and Aged Care enables SEMPHN to subscribe to the HealthPathways product.

If SEMPHN joins Melbourne HealthPathways, existing SEMPHN website referral pathways information will be migrated to HealthPathways in 2023. Awareness activities will be targeted at ensuring general practitioners, practice nurses and allied health professionals are aware of the change and to promote/increase the use of the pathways. SEMPHN's Provider Support team and Communications team will play an important role in ensuring this target is achieved. Work will also be done with the Melbourne HealthPathways Group to deliver any broader Melbourne communications required.

Review will also occur periodically by drawing on the expertise and needs of general practitioners, consumers, aged care stakeholders such as Dementia Australia and peak bodies, clinical specialists, and SEMPHN's Primary and Aged Care Reference Group. Ad hoc reviews will draw on the expertise of SEMPHN's Provider Support Officers to gauge the use and support by general practices of the health pathways, offer insights into refining/improving existing pathways and to identify new ones.

## Needs Assessment Priorities \*

### Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

#### Priorities

Priority	Page reference
Identify opportunities to improve access to primary care for communities with high rates of potentially preventable hospitalisations (PPH) (PH)	154



## Activity Demographics

### Target Population Cohort

Primary Care Practitioners.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

## Consultation

With general practitioners; consumers, aged care stakeholders such as Dementia Australia and peak bodies, clinical specialists, SEMPHN's Primary and Aged Care Reference Group.

## Collaboration



## Activity Milestone Details/Duration

### Activity Start Date

09/01/2022

### Activity End Date

29/06/2025

### Service Delivery Start Date

10 January 2022

### Service Delivery End Date

30 June 2025

### Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**





## CF - 7 - CF7 - Dementia Consumer Pathway Resources



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

7

**Activity Title \***

CF7 - Dementia Consumer Pathway Resources

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

To provide consumer dementia pathway information which details the support available for people living with dementia, their carers and families in the SEMPHN area, including local, state and federal government, private sector, and community driven support.

**Description of Activity \***

SEMPHN has launched its Living with Dementia consumer dementia pathway resource on its website.

The resource has been designed to have a local feel, and to be an extensive service directory for our local community covering local, state and federal government, private sector, and community-driven support.

SEMPHN's consumer dementia pathway is an online toolkit of resources and encompasses an extensive directory of localised supports to assist people living in the community with dementia. The online toolkit aims to provide people with a new diagnosis of dementia and their families with information on what are some of the possible first steps they can take to manage their lives, living with dementia.

This information allows informed decisions regarding services that could be helpful and allows people to live safely with dementia

at home for longer. The directory of services also looks at common anxieties experienced by people diagnosed with dementia and their caregivers, empowering them with the knowledge to take the next best step post-diagnosis.

An A5 promotional magnet has been developed to distribute to General Practice, care finder organisations and other Community Health providers in our catchment to promote the dementia pathway and bring consumers living in the community to our website. SEMPHN has also included on the website information specifically for health professionals.

SEMPHN has collaborated with the Victoria and Tasmania Primary Health Networks (VTPHNA) and has shared and distributed the SEMPHN dementia pathway toolkit resource with each PHN.

SEMPHN will track page views and clicks on all links and resources on the page and will continue to monitor the content and make changes where appropriate.

**Needs Assessment Priorities \***

**Needs Assessment**

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

**Priorities**

Priority	Page reference
Increase integration of primary care services such as GPs and mental health services with home and residential aged care services (AC)	171



**Activity Demographics**

**Target Population Cohort**

People living with dementia, their families and carers.

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

No

**Indigenous Specific Comments**

**Coverage**

**Whole Region**

Yes



**Activity Consultation and Collaboration**



## Consultation

Consultation with Dementia Australia, General Practice and SEMPHN's Primary and Aged Care reference group.

## Collaboration

Collaborate with Dementia Australia, Nous Group and the Victorian and Tasmanian PHN Alliance. National Centre for Healthy Ageing.



## Activity Milestone Details/Duration

### Activity Start Date

09/01/2022

### Activity End Date

29/06/2025

### Service Delivery Start Date

1 April 2023

### Service Delivery End Date

30 June 2025

### Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**





## CF - 9 - CF9 - Aged Care Clinical Referral Pathway



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF

#### Activity Number \*

9

#### Activity Title \*

CF9 - Aged Care Clinical Referral Pathway

#### Existing, Modified or New Activity \*

New Activity



### Activity Priorities and Description

#### Program Key Priority Area \*

Aged Care

#### Other Program Key Priority Area Description

#### Aim of Activity \*

To support access to aged care clinical referral pathways information by primary care practitioners and clinicians. The pathways promote best practice care and enhances awareness of referral options and services; and improves collaboration and integrations across the health care and other systems.

#### Description of Activity \*

SEMPHN currently delivers clinical and referral pathway information using its website rather than subscribing to a pathways product such as HealthPathways.

SEMPHN is exploring with Melbourne PHNs, (North Western Melbourne Primary Health Network and Eastern Melbourne Primary Health Network) subscription to the HealthPathways product and joining the Melbourne HealthPathways group. Funding change approval from the Department of Health and Aged Care enables SEMPHN to subscribe to the HealthPathways product if the joint venture progresses.

SEMPHN is developing its aged care clinical referral pathways which will be launched when SEMPHN's website-based health pathways information is migrated to the HealthPathways product in 2023.

SEMPHN is drawing on the expertise and needs of local clinical practitioners, consumers, aged care stakeholders, experts to identify pathways relevant to our region. This is supported by general practitioner and practice feedback to SEMPHN's Provider Support Officers on a range of topics including aged care. Pathways will be finalised by drawing on general practice, allied health, experts and others identified during the reach out process.

Pathways will be reviewed regularly based on General Practitioner and practice feedback, in collaboration with the Melbourne HealthPathways PHN group and feedback provided to SEMPHN's Provider Support Officers. Improvements and changes to aged care in the SEMPHN region, for example, an aged care provider leaving or entering the region will also impact on the maintenance and review of the pathways.

SEMPHN's Provider Support team and Communication's team will play a central role in promoting use of providers and identifying gaps and improvements.

## Needs Assessment Priorities \*

### Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

#### Priorities

Priority	Page reference
Identify opportunities to improve access to primary care for communities with high rates of potentially preventable hospitalisations (PPH) (PH)	154



## Activity Demographics

### Target Population Cohort

Primary Care Practitioners

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

## Consultation

## Collaboration



### Activity Milestone Details/Duration

#### Activity Start Date

31/03/2022

#### Activity End Date

29/06/2025

#### Service Delivery Start Date

1 April 2022

#### Service Delivery End Date

30 June 2025

#### Other Relevant Milestones



### Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** Yes

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**





## CF - 10 - CF10 - Dementia Support Pathway



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

10

**Activity Title \***

CF10 - Dementia Support Pathway

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

To support access to dementia clinical referral pathways information by clinicians and other primary care.

**Description of Activity \***

Local primary care clinicians, other health, allied health, aged care providers and consumers. Input from Dementia Australia will be used to address national consistency, and reflect individual services and supports within the SEMPHN region.

Pathway review will occur periodically as a result of general practitioner and practice feedback, in collaboration with the Melbourne HealthPathways PHN group and feedback to SEMPHN's Provider Support Officers. Strategic relationships with Dementia Australia, dementia-related local health, experts and members of SEMPHN's Primary and Aged Care Reference Group ensure new practices and best practice evolution.

Promotion will occur when SEMPHN migrates to HealthPathways, together with the launch of Dementia and Aged Care clinical pathways. Information will be available on SEMPHN's website and provided via our regular newsletter. An important part of our strategy is the work of SEMPHN's Provider Support team who meet regularly with general practitioners and practices.

Needs Assessment Priorities \*

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Identify opportunities to improve access to primary care for communities with high rates of potentially preventable hospitalisations (PPH) (PH)	154



Activity Demographics

Target Population Cohort

Primary Care Practitioners.

In Scope AOD Treatment Type \*

Indigenous Specific \*

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

With clinical practitioners, consumers, aged care stakeholders, experts, Dementia Australia and SEMPHN’s Primary and Aged Care Reference Group.

Collaboration





## Activity Milestone Details/Duration

### Activity Start Date

31/03/2022

### Activity End Date

29/06/2025

### Service Delivery Start Date

1 April 2022

### Service Delivery End Date

30 June 2025

### Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments





## HSI - 1 - HSI1 - Digital Health and Polar Licence



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

HSI

**Activity Number \***

1

**Activity Title \***

HSI1 - Digital Health and Polar Licence

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Digital Health

**Other Program Key Priority Area Description****Aim of Activity \***

Run programs and projects to improve outcomes through the effective and complementary use of technology.

**Description of Activity \***

Strategic use of digital health principles, knowledge, and technology to augment and complement healthcare, improve patient outcomes and experience of care, and improve clinician satisfaction.

Includes general digital health advice, information, and support given to external providers and to internal teams (particularly for commissioning); the use of tools such as Nellie to promote patient self-care and improve health literacy; implement the POLAR data extraction tool and help General Practice staff to use POLAR and processes for data-informed quality improvement.

POLAR's regional footprint has increased dramatically as a result of PIP QI. It continues to be a crucial quality improvement and population health tool. SEMPHN will continue using it to reinforce sustainable quality improvement methods in General Practice. Many practices who use it frequently report it is an indispensable tool.

SEMPHN will continue to specify POLAR as a prerequisite for commissioned primary care services, and if relevant, Nellie and other digital health technologies like My Health Record and Provider Connect Australia,

## Needs Assessment Priorities \*

### Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

#### Priorities

Priority	Page reference
Increase digital health capabilities of service providers in the region (DH)	168
Facilitate local health system integration via increased digital health technologies utilisation (DH)	156
Support the local health system with impacts of COVID-19 pandemic (PH)	156
Support the ongoing chronic disease unintended consequences of COVID-19 (long COVID) (PH)	156



### Activity Demographics

#### Target Population Cohort

Patients attending General Practices. Patients with chronic conditions or seeking to prevent a chronic condition (Nellie).

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

##### Whole Region

Yes



### Activity Consultation and Collaboration

#### Consultation

Resources (e.g. for POLAR and My Health Record) will be developed using the design thinking methodology, which means working together with community members and healthcare professionals on identifying the actual problem and iterating designs. In addition to design thinking, people using resources will always be asked for feedback.

Communities of Practice will continue to be nurtured for specific programs such as POLAR and Nellie.

GPs, nurses, and administration staff are always sought to collaborate on improving the usability and functionality of POLAR.

Nellie algorithms are often initiated by GPs and nurses, and the messages for the algorithms are developed with patients.

#### Collaboration

- Patients - Nellie message development
- GPs and nurses - collaborate on resource development, usability improvements, and Nellie algorithm development
- Other healthcare providers - where applicable, for collaboration on general digital health projects
- SEMPHN System Outcomes team - measurement of outcomes
- Other PHN staff - POLAR enhancement and general digital health collaboration
- Peak bodies - as needed for My Health Record support, and Nellie algorithm development



### Activity Milestone Details/Duration

#### Activity Start Date

29/06/2019

#### Activity End Date

28/06/2024

#### Service Delivery Start Date

#### Service Delivery End Date

#### Other Relevant Milestones



### Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

#### Is this activity being co-designed?

Yes

#### Is this activity the result of a previous co-design process?

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

Not applicable.

**Co-design or co-commissioning comments**

Resources (e.g. for POLAR and My Health Record) will be developed using the design thinking methodology, which means working together with community members and healthcare professionals on identifying the actual problem and iterating designs. In addition to design thinking, people using resources will always be asked for feedback.

Communities of Practice will continue to be nurtured for specific programs such as POLAR and Nellie.

GPs, nurses, and administration staff are always sought to collaborate on improving the usability and functionality of POLAR.

Nellie algorithms are often initiated by GPs and nurses, and the messages for the algorithms are developed with patients.



## HSI - 2 - HSI2 - Stakeholder Engagement and Practice Education



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

HSI

**Activity Number \***

2

**Activity Title \***

HSI2 - Stakeholder Engagement and Practice Education

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Population Health

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of our stakeholder engagement activities is to inform, engage, educate and build capacity with stakeholders for improved consumer outcomes.

**Description of Activity \***

Stakeholder engagement occurs at all levels of SEMPHN and across the SEMPHN catchment. The activities include ongoing engagement with General Practices and Service Providers around:

- our programs, funding and services;
- building awareness for General Practices about our Access and Referral Services;
- conducting RACGP accredited Education Programs for GPs as appropriate;;
- conducting consultations with communities and consumers to inform changes to the Mental Health, Alcohol and Other Drug and Aged Care services and other programs throughout our catchment;
- local federal MP updates as required; engagement with the Victorian Department of Health, DOHAC
- the South Eastern Public Health Unit (SEPHU) and Health Services Partnership and Local Health Networks on their initiatives and our partnership opportunities;
- in addition to planning for Mental Health and Suicide Prevention Regional Plans, amongst many others.

SEMPHN also conducts both Practice Manager and Practice Nurse network meetings every two months, to provide education and support. Additionally, our Provider Support Officers and Digital Health team members are allocated to specific General Practices throughout our catchment to provide support on operational and technical issues for practices. Their interactions are sometimes daily, depending on the needs of the practice.

## Needs Assessment Priorities \*

### Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

#### Priorities

Priority	Page reference
Identify opportunities to improve access to primary care for communities with high rates of potentially preventable hospitalisations (PPH) (PH)	154
Present education on problematic substance use, treatment and recovery (AOD)	168
Improve coordination of management of people with chronic disease comorbidity (PH)	155
Facilitate local health system integration via increased digital health technologies utilisation (DH)	156
Support the local health system with impacts of COVID-19 pandemic (PH)	156
Improve knowledge and capacity of service providers and consumers to engage with and navigate the service system (MH)	159



### Activity Demographics

#### Target Population Cohort

Not applicable.

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes





## Activity Consultation and Collaboration

### Consultation

Consultation is a large part of this activity, particularly with communities and consumers which inform changes to Mental Health, and Alcohol and Other Drug services throughout our catchment and with the DHHS on LHN initiatives and Mental Health and Suicide Prevention Regional Planning.

### Collaboration

Collaboration occurs at a macro and micro level with DHHS, the Department of Health and Aged Care, LHN's and other PHN's, as part of the Vic/Tas PHN Alliance.

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## Activity Milestone Details/Duration

### Activity Start Date

29/06/2019

### Activity End Date

28/06/2024

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

Not applicable.

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## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

### Is this activity being co-designed?

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

Not applicable.

**Co-design or co-commissioning comments**





## HSI - 3 - HSI3 - Corporate Services (including Finance/Facilities/ICT services)



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

HSI

**Activity Number \***

3

**Activity Title \***

HSI3 - Corporate Services (including Finance/Facilities/ICT services)

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Other (please provide details)

**Other Program Key Priority Area Description**

Not applicable.

**Aim of Activity \***

Efficient and effective corporate support for SEMPHN.

**Description of Activity \***

- Facilities rental, safety compliance and outgoings including utilities and maintenance of the corporate office.
- Information Technology and Communications costs including Managed Service Providers costs for IT infrastructure, Voice and Internet services, application support costs for mission critical systems (Finance/Stakeholder engagement/Contracts etc.), hardware and software equipment and licences. Investment in SEMPHN's information management systems and security as per most recent Core Funding Schedule update.
- Corporate Services Salaries: COO/CFO/GM HR and support staff costs excluding CEO and Board Support
- Internal and external audit costs
- Other Goods and Services costs: Insurance, stationery and supplies, motor vehicle expenses, staff training, consultants and contractors.

**Needs Assessment Priorities \*****Needs Assessment**

Priorities

Priority	Page reference
Facilitate local health system integration via increased digital health technologies utilisation (DH)	156



Activity Demographics

Target Population Cohort

Not applicable.

In Scope AOD Treatment Type \*

Indigenous Specific \*

No

Indigenous Specific Comments

Coverage

Whole Region

No



Activity Consultation and Collaboration

Consultation

Not applicable.

Collaboration

Not applicable.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

**Activity End Date**

28/06/2024

**Service Delivery Start Date****Service Delivery End Date****Other Relevant Milestones**

Not applicable.

**Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

Not applicable.

**Co-design or co-commissioning comments**

Not applicable.





## CG - 1 - CG1 - People



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

1

**Activity Title \***

CG1 - People

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

**Other Program Key Priority Area Description**

**Aim of Activity \***

**Description of Activity \***

**Needs Assessment Priorities \***

**Needs Assessment**

**Priorities**



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones





## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No  
Continuing Service Provider / Contract Extension: No  
Direct Engagement: No  
Open Tender: No  
Expression Of Interest (EOI): No  
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



## CG - 2 - CG2 - Office



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

2

**Activity Title \***

CG2 - Office

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \*****Other Program Key Priority Area Description****Aim of Activity \*****Description of Activity \*****Needs Assessment Priorities \*****Needs Assessment****Priorities**



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



## CG - 3 - CG3 - Board



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

3

**Activity Title \***

CG3 - Board

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \*****Other Program Key Priority Area Description****Aim of Activity \*****Description of Activity \*****Needs Assessment Priorities \*****Needs Assessment****Priorities**



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



## CG - 4 - CG4 - Other



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

4

**Activity Title \***

CG4 - Other

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \*****Other Program Key Priority Area Description****Aim of Activity \*****Description of Activity \*****Needs Assessment Priorities \*****Needs Assessment****Priorities**





## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



## CF-COVID-PCS - 1 - 1 - COVID-19 Primary Care Support



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF-COVID-PCS

**Activity Number \***

1

**Activity Title \***

1 - COVID-19 Primary Care Support

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Population Health

**Other Program Key Priority Area Description****Aim of Activity \***

To provide support for Australia's COVID-19 Vaccine and Treatment Strategy to the primary, aged care and disability sectors.

**Description of Activity \***

To provide guidance and expert advice to GPRCs, General Practices, Aboriginal Community Controlled Health Services (ACCHs), residential aged care facilities (RACF), disability accommodation facilities and governments on local needs and issues.

Coordinate the vaccine rollout within RACFs and disability accommodation facilities for Phase 1a of the Strategy as guided by key stakeholders and industry experts, including local service integration and communication, liaison with key delivery partners and consistent reporting.

Coordinate the delivery of vaccination services to RACFs in their areas.

Support the vaccine delivery sites in their establishment and operation, including where appropriate, performing functions of assurance and assessment of suitability and ongoing quality control support.

Support the vaccine delivery to be integrated within local health pathways to assist with the coordination of local COVID-19

primary care responses, including identification and assistance for GPRCs and General Practices interested in participating, and ensuring consistent communications to local communities.

This supports the work of Covid-19 Vaccination of Vulnerable Populations.

**Needs Assessment Priorities \***

**Needs Assessment**

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

**Priorities**

Priority	Page reference
Support the local health system with impacts of COVID-19 pandemic (PH)	156
Support the ongoing chronic disease unintended consequences of COVID-19 (long COVID) (PH)	156



**Activity Demographics**

**Target Population Cohort**

Primary Care Providers, Residential Aged Care Facilities and residents, People living with a disability, vulnerable populations.

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

No

**Indigenous Specific Comments**

**Coverage**

**Whole Region**

Yes



**Activity Consultation and Collaboration**

**Consultation**

**Collaboration**



## Activity Milestone Details/Duration

### Activity Start Date

30/12/2020

### Activity End Date

30/12/2023

### Service Delivery Start Date

1 January 2021

### Service Delivery End Date

31 December 2023

### Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

### Is this activity being co-designed?

No

### Is this activity the result of a previous co-design process?

No

### Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

### Has this activity previously been co-commissioned or joint-commissioned?

No

### Decommissioning

No

### Decommissioning details?

### Co-design or co-commissioning comments



